



Nebraska Emergency Management Agency
Exercise/Training White Paper

Exercise or Training Title:

Duration:

Proposed Date(s):

Exercise Type:

☐ Orientation

☐ Drill

☐ Tabletop

☐ Functional

☐ Full-Scale

☐ Model City

Location:

Scenario:

What Type of NEMA Equipment or Personnel Are You Requesting?

Participant Agencies:

Number of Participants (estimated):

Name of Exercise Planning Team:

Exercise Objectives:

LEOP(s) To Be Tested:

LEOP Born Date:

Most Current Change Date/Update To LEOP:

Scheduled On The PET Calendar?

Expense Budget (maximum anticipated):

Exercise/Training Point of Contact

Name:

Phone:

Email:

Person Responsible After Action Report and Improvement Plan

Name:

Phone:

Email:

Requesting County/Region:

Requesting Official:

Name:

Title:

Signature (printed form only): _____

Date:

Please return to Henry Tamasi at the Nebraska Emergency Management Agency

Email: Henry.Tamasi@nema.ne.gov

Nebraska Emergency Management Agency
Attention: Henry Tamasi
1300 Military Road
Lincoln, NE 68508